

Putting Research to Work for Military Families



Focus:
Civilian

So Now We've Picked an Evidence-Based Program, What's Next? Perspectives of Service Providers and Administrators

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SUMMARY: Evidence-based parenting intervention programs have ample research to support their effectiveness; however, these programs are not being widely used in community settings. This study surveyed administrators and providers of organizations offering the Triple P- Positive Parenting Program regarding organizational views and provider use. Results suggest there is an overall willingness toward and adherence with the program, and suggestions for successful implementation are made.

KEY FINDINGS:

- Overall, most organizations were open to implementing the Triple P program (92%); however, many administrators reported resistance from key personnel in implementing Triple P (52%).
- Seventy percent of the providers trained in Triple P had used the program and 26% had not.
- Providers' average adherence to the program during their most recent session was 86%.
- Most commonly reported reasons for provider non-adherence were not having enough time in session, believing that an activity was not relevant to the parent, and forgetting an activity.

IMPLICATIONS FOR MILITARY PROFESSIONALS:

Military professionals could:

- Help develop online training to educate professionals working with military parents and families about evidence-based interventions and best practices in parenting programs
- Facilitate focus groups for other professionals working with military families to discuss concerns and strategies related to implementing new parenting programs and evidence-based techniques

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Educate military parents about how to choose a parenting intervention program to participate in and how to know if a program is evidence-based
- Offer support groups for military parents beginning a parenting program to enable them to encourage one another and discuss the difficulties associated with changing parenting behaviors

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage the training of all professionals working with military families regarding the importance of using evidence-based interventions, including for parenting programs
- Promote the use of evidence-based manuals and materials in military parent education programs

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METHODS

- Administrators of organizations using the Triple P-Positive Parenting Program were recruited via phone and email from a list provided by a Canadian youth mental health organization.
- Administrators were asked to complete a survey on program implementation and to distribute a survey on program use and adherence to the providers in their organizations.
- Frequency of program implementation factors (e.g., readiness, resistance, openness), provider use of and adherence to the program, and reasons for non-adherence were calculated.

PARTICIPANTS

- Participants included 63 administrators (87% response rate) and 215 providers (61% response rate) from programs offering Triple P.
- Providers included therapists (35%), social workers (27%), parent educators (11%), childcare staff (11%), nurses (9%), or other family providers (7%).
- Providers had an average of 18 months (SD = 14.26) of experience with Triple P.
- No data on participant age, gender, race, or ethnicity were provided.

LIMITATIONS

- Using an administrator's rating of the overall organization's views on implementing a program, rather than measures of many individual's views, may have resulted in biased data.
- Providers may have rated their adherence rates higher in order to appear compliant and respond in a way that they perceived as most accepted by researchers and their supervisors.
- It is possible that there were differences in rates of the use of the Triple P program between providers who did and did not respond to the survey.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine specific reasons why providers trained in an evidence-based parenting program may not use that program (e.g., no opportunity or clients, use of other evidence-based programs)
- Investigate provider barriers to receiving training in evidence-based parent intervention programs (e.g., time, travel, cost)
- Explore parent perceptions of evidence-based parent intervention programs and parent preferences regarding available interventions

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